



SATURDAY SHENANIGANS

COME PLAY WITH BELMONT S.P.O.R.T.

With a little bit of this and a little bit of that (music, craft, movement)

AGES 6-12

Time: 9:30 to 10:30am

Saturday mornings

February 28, March 7,14,21,28 April 4, 2015

Location:

The Beech Street Center, 266 Beech St. Belmont

For more information please contact the Belmont Recreation Department

617-993-2760

Resident Fee: \$30.

(Belmont, Watertown, Arlington, Waltham)

\$40.00 Non- Resident

Saturday Shenanigans

Make check payable to: Town of Belmont

Mail to : PO Box 56, Belmont MA 02478

Name

Age

Address

Primary Phone _____ Emergency Phone _____

I, the undersigned, parent/guardian of _____, a minor, or myself as a participant, do hereby consent to my/ his/ her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

Name of participant

Date

Signature of participant (or legal guardian if under 18 years of age) _____ Date _____